

# COMMONWEALTH OF VIRGINIA

Department of Education  
P.O. Box 2120  
Richmond, VA 23218-2120

## REIMBURSEMENT REQUEST FOR SUBSTITUTE TEACHER

\_\_\_\_\_ (School Division) requests  
reimbursement for the substitute expenditures for teacher(s) involved in:

(Name of Project)

School Division Address: \_\_\_\_\_

Cost Code: \_\_\_\_\_ Project Code: \_\_\_\_\_

NAME OF TEACHER	DATE	AMOUNT OF SUBSTITUTE TEACHER PAY

Total Amount: \$ \_\_\_\_\_ FIN #: \_\_\_\_\_

Date \_\_\_\_\_

Superintendent's Signature or Designee

### FOR STATE DEPARTMENT APPROVAL

<b>PROGRAM APPROVAL</b>	
Date: _____	Total Reimbursement: \$ _____
_____ Program Specialist	

<b>ACCOUNTING &amp; FINANCE OFFICE</b>	
Date: _____	Total Reimbursement: \$ _____
_____ Finance Director	

**Return To: , Virginia Department of Education**  
**Career and Technical Education Services, P.O. Box 2120, Richmond, VA 23218-2120**